

# Application for a Birth Certificate

Print or Type

## BIRTH

INTERNAL USE ONLY			
Delivery:	P	PO	M
Status:	S	R	A
Date Processed:			Initials: _____

### PART 1: APPLICANT

My current legal name: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Street: \_\_\_\_\_ Email address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

My relationship to person named on the birth record: \_\_\_\_\_

Applicants must be 18 years of age or older or an emancipated minor to apply.

### PART 2: INTENDED USE OF BIRTH CERTIFICATE

Employment                      Travel/passport                      School                      Driver's license  
Social Security                      Dual citizenship                      Welfare benefits/housing                      Other: \_\_\_\_\_  
(Please specify other reason.)

### PART 3: BIRTH CERTIFICATE BEING REQUESTED Please complete as much information as possible.

NAME AT BIRTH _____ (First) (Middle) (Last) (Suffix)		AGE NOW	DATE OF BIRTH
If name has changed since birth due to adoption, court order or any reason other than marriage, please list that name here: _____ (First) (Middle) (Last) (Suffix)		SEX Male                      Female	
TYPE OF BIRTH RECORD	PLACE OF BIRTH _____ (County) (City/borough/township) (Hospital name)		
PARENT/MOTHER'S NAME _____ (First) (Middle) (Last name prior to first marriage) (Current last) (Suffix)			
PARENT/FATHER'S NAME _____ (First) (Middle) (Last name prior to first marriage) (Current last) (Suffix)			

### PART 4: ACCEPTABLE FORMS OF IDENTIFICATION

I have included a legible photocopy of one of the following:

A valid driver's license or other government-issued photo ID that includes my mailing address. If applying by mail, the address on my ID matches the mailing address listed above. **Expired IDs cannot be accepted.**

I do not have a valid government-issued photo ID. Therefore, I have provided two current documents that verify my name and current address (such as a utility bill, pay stub, bank statement, car registration or lease/rental agreement). See [www.health.pa.gov/MyRecords/Certificates](http://www.health.pa.gov/MyRecords/Certificates) for further information.

### PART 6: SIGNATURE OF PERSON MAKING REQUEST

By my signature below, I state I am the person whom I represent myself to be herein, and I affirm the information within this form is complete and accurate and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa.C.S. §4120 or other sections of the Pennsylvania Crimes Code.

\_\_\_\_\_  
(Signature) (Date)

Signature must agree with the name listed in Part 1 of this form.

### PART 5: FEE

Make check or money order payable to "VITAL RECORDS."

Number requested: _____	
Cost per certificate: _____	x \$20.00
Total cost per order: _____	

#### Veteran Fee Waiver Request

I or my current legal spouse (includes widow/widower if not remarried) is an active or retired member of the U.S. armed forces.

Armed forces member's name: \_\_\_\_\_

Service number: \_\_\_\_\_

Rank and branch of service: \_\_\_\_\_

Veteran fee waiver only applies when applicant is requesting the certificate for self, spouse or a dependent child.

### HOW TO APPLY

Order from Pa's only authorized online provider at [www.vitalchek.com](http://www.vitalchek.com) or by phone at 866-712-8238 (credit cards accepted).

Order in person at a [Pennsylvania Vital Records](http://Pennsylvania Vital Records) branch office in Erie, Harrisburg, New Castle, Philadelphia, Pittsburgh or Scranton. Delivery ranges from same day to five days based on public office processing time.

Order by mail: Send application, identification and payment to:

Department of Health  
Division of Vital Records  
PO Box 1528  
New Castle, PA 16103